

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

June 2012

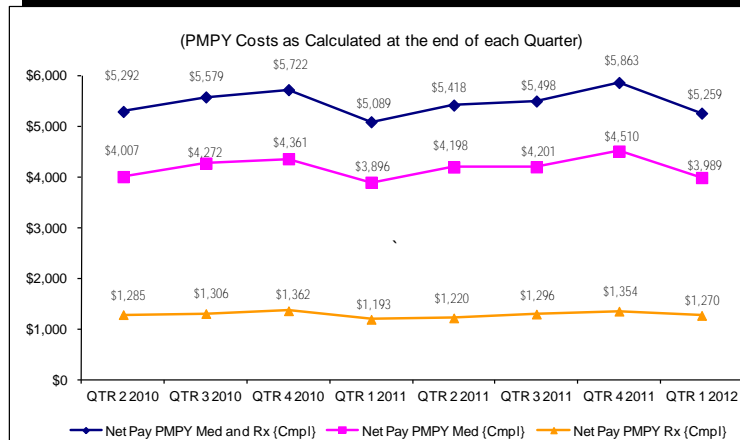
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Feb 2011 - Jan 2012	Feb 2010 - Jan 2011	% Change
Employees Avg Med	159,027	159,523	-0.31%
Members Avg Med	270,585	266,153	1.67%
Family Size Avg	1.7	1.7	1.98%
Member Age Avg	37.7	37.9	-0.44%

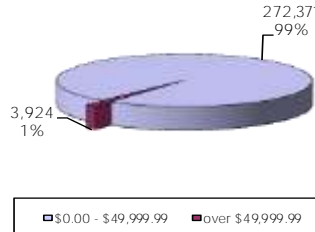
Net Incurred Claims Cost per Member



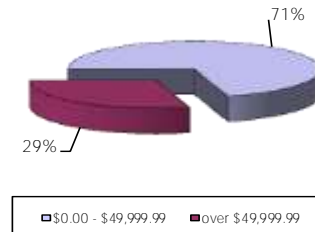
High Cost Claimants

February 11– January 12

% of High Cost Patients



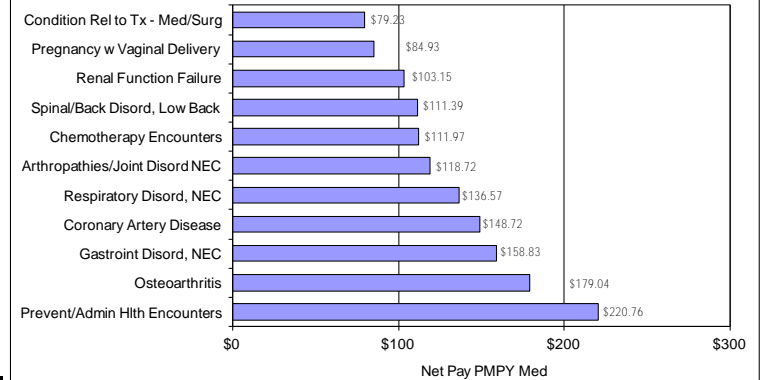
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Feb 2010 - Jan 2011	Feb 2011 - Jan 2012	% Change
Mail Order	Discount Off AWP % Rx	42.19%	44.66%	5.86%
	Scripts Generic Efficiency Rx	92.39%	92.64%	0.27%
Retail	Discount Off AWP % Rx	42.93%	44.02%	2.53%
	Scripts Generic Efficiency Rx	95.00%	94.67%	-0.34%
Total	Discount Off AWP % Rx	42.80%	44.16%	3.17%
	Scripts Generic Efficiency Rx	94.83%	94.52%	-0.33%
	Scripts Maint Rx % Mail Order	9.48%	10.96%	15.67%

Top 10 Clinical Conditions



Allowed Claims Costs PMPY with Norms

	Feb 2010 - Jan 2011	Feb 2011 - Jan 2012	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,645.05	\$4,819.11	4%	\$4,005.78	16.88%
Allow Amt PMPY IP Acute {Cmpl}	\$1,314.02	\$1,333.09	1%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,309.27	\$3,468.02	5%	\$2,726.01	21.40%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,744.40	\$1,886.96	8%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$957.91	\$962.25	0%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$296.73	\$320.79	8%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$543.67	\$554.94	2%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$430.58	\$503.89	17%	\$508.72	-0.96%
Allow Amt PMPY Rx {Cmpl}	\$1,529.03	\$1,557.21	2%	\$1,014.51	34.85%
Out of Pocket PMPY Rx {Cmpl}	\$232.74	\$283.27	22%	\$0.00	N/A

Cost Drivers Support

Fact	Feb 2010 - Jan 2011	Feb 2011 - Jan 2012	% Change
Allow Amt Per Day Adm Acute	\$3,776.75	\$3,978.24	5.34%
Days Per 1000 Adm Acute	335.96	321.84	-4.20%
Allow Amt Per Visit OP Fac Med	\$932.72	\$1,006.01	7.86%
Visits Per 1000 OP Fac Med	1,870.23	1,867.07	-0.17%
Allow Amt Per Visit Office Med	\$110.71	\$114.74	3.64%
Visits Per 1000 Office Med	8,652.23	8,346.92	-3.53%
Allow Amt Per Day Supply Rx	\$2.51	\$2.62	4.36%
Days Supply PMPY Rx	609.04	593.85	-2.49%

Cost Drivers—Utilization and Price Trends

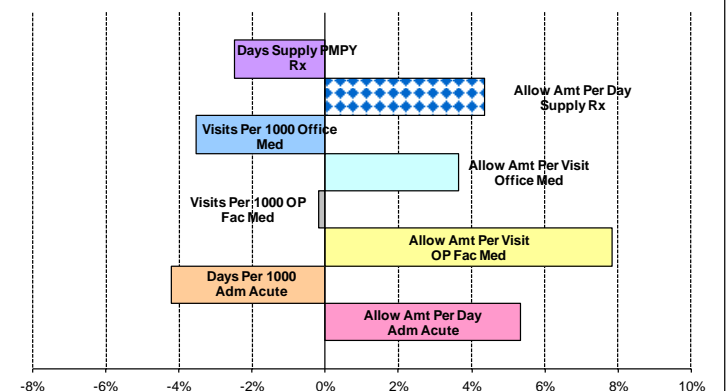


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

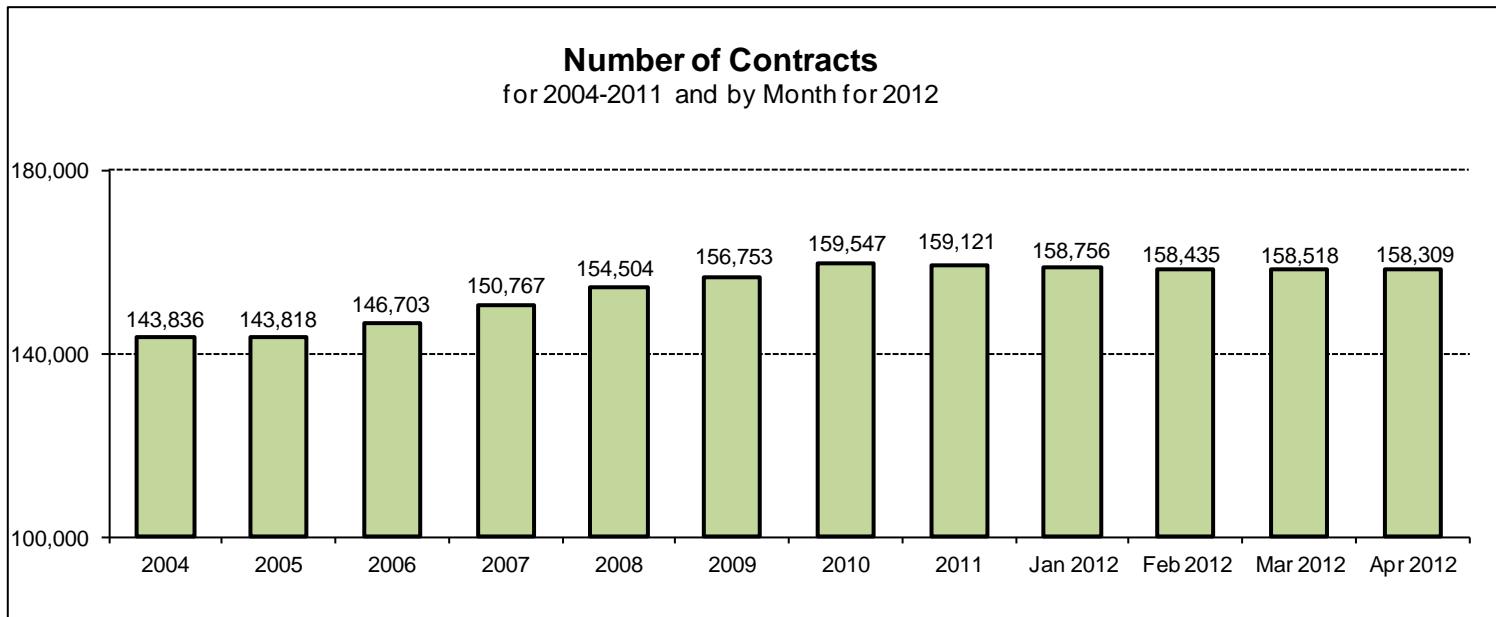
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of 258,809 members as well as 7,973,124 claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

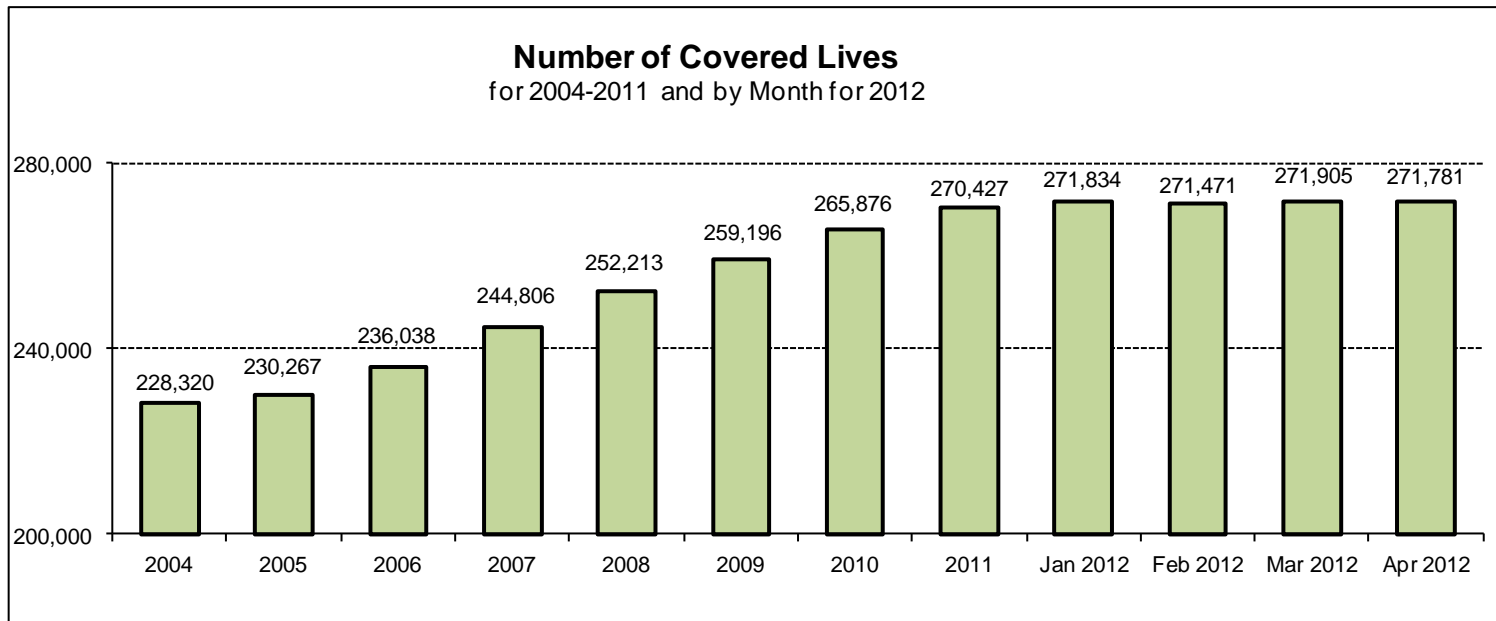
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2004-2011 and monthly year-to-date for 2012. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

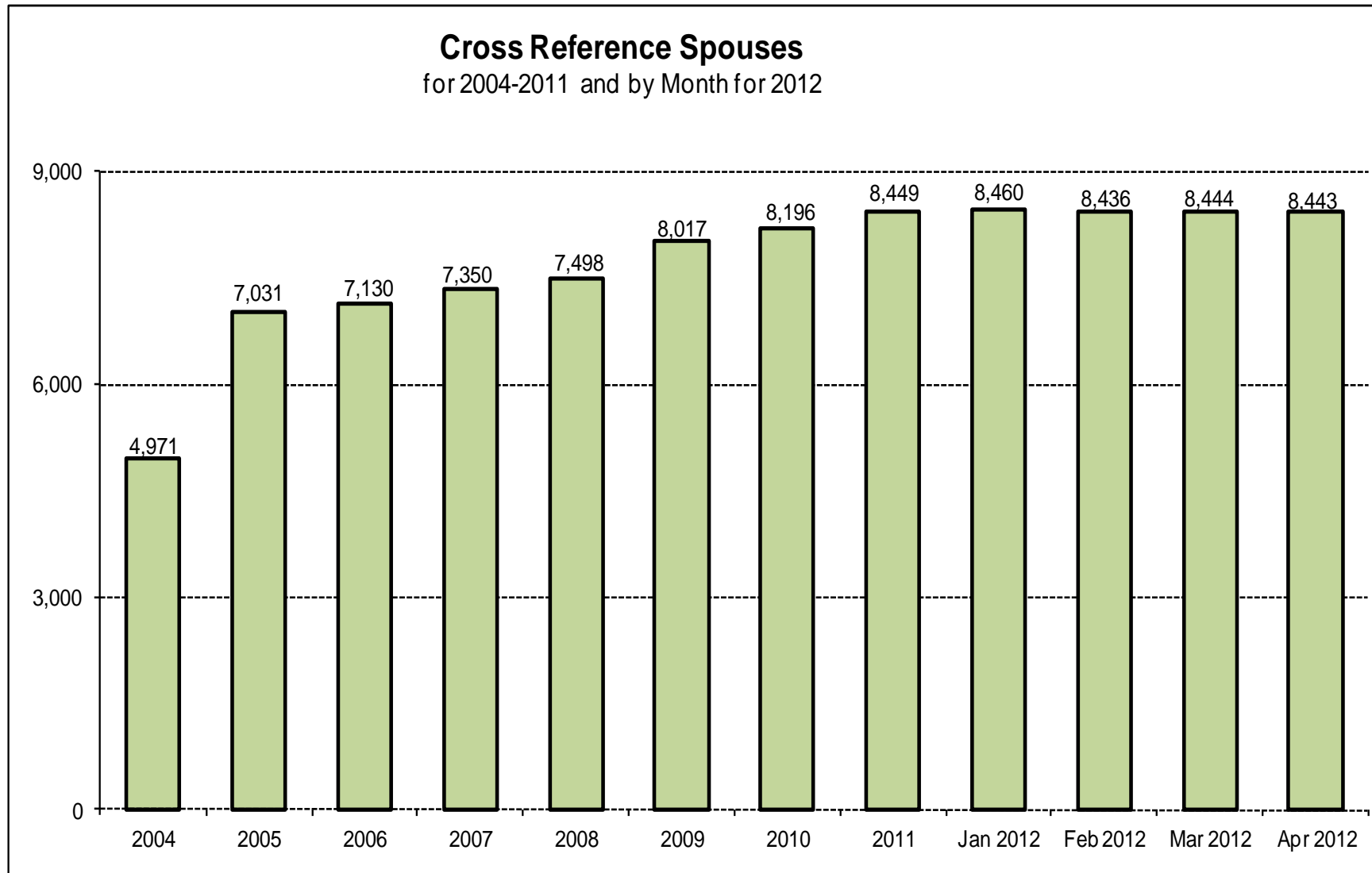


The following chart shows member enrollment (covered lives) for 2004-2011 and monthly year-to-date for 2012. Enrollment will fluctuate on a monthly basis.



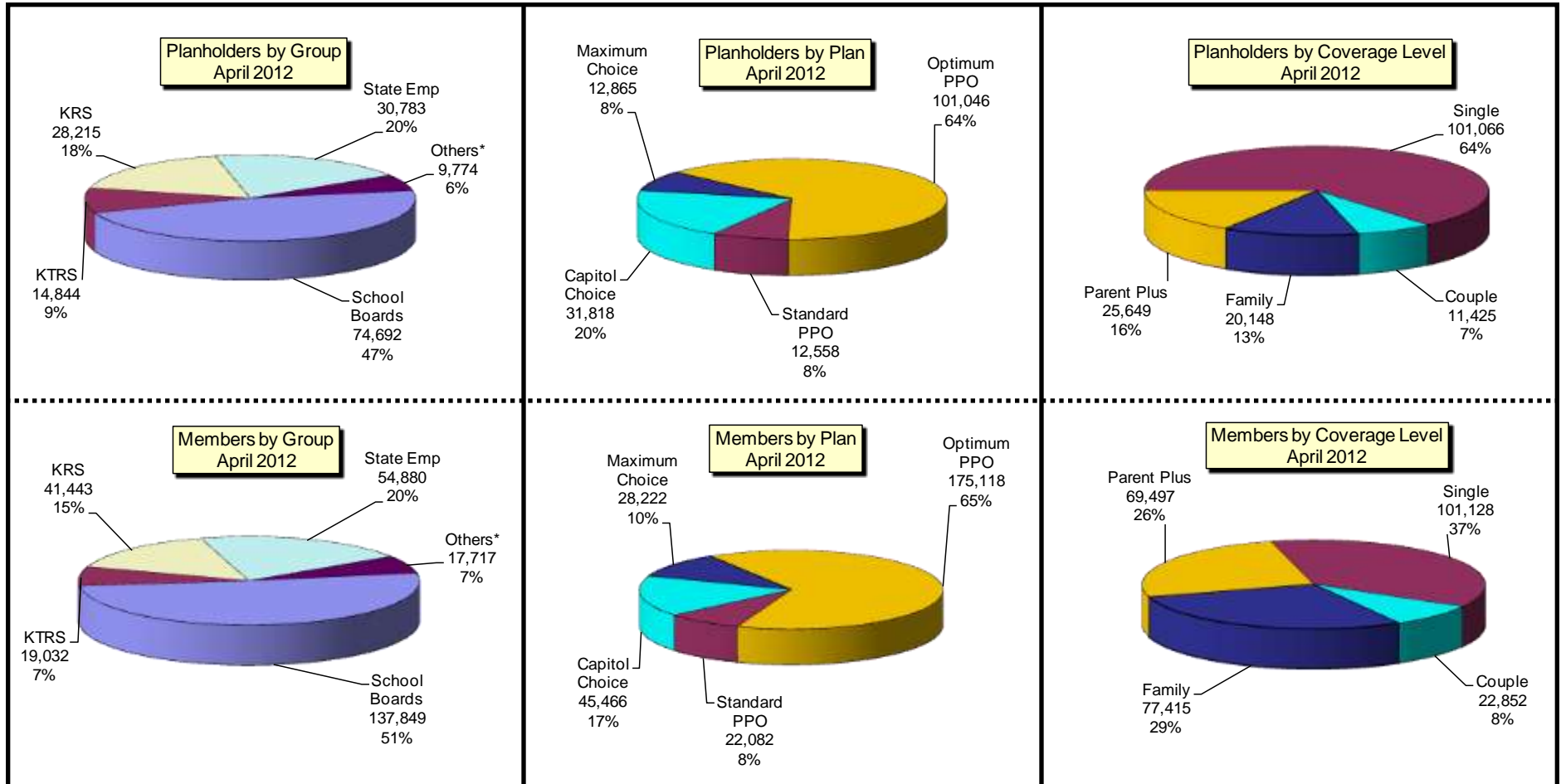
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2011 and monthly year-to-date for 2012. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



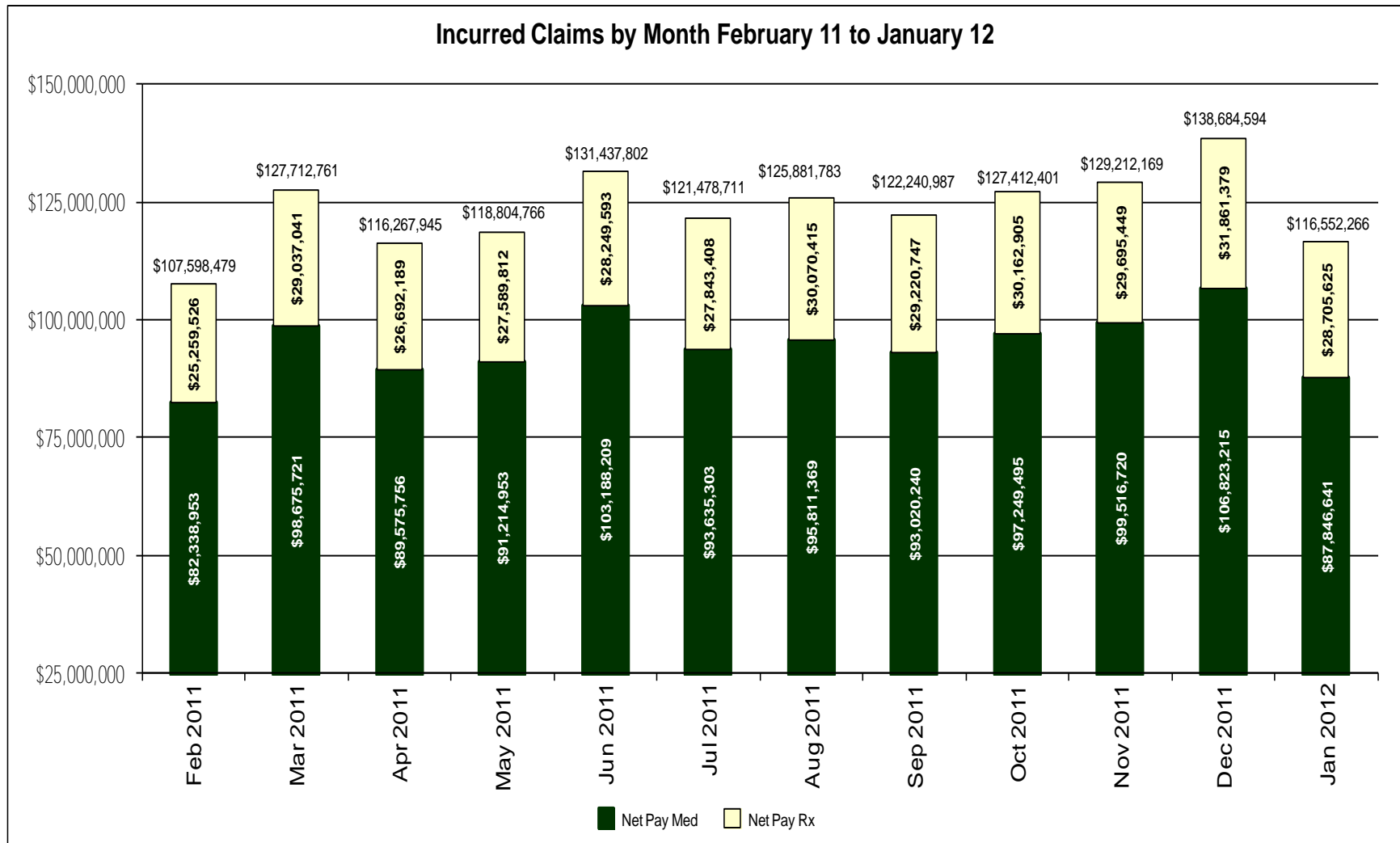
Enrollment *(continued)*

The following charts show Planholder and Member enrollment by group, plan, and coverage level.



Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2004 - 2011 and monthly year-to-date for 2012.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$246,147,555	\$70,821,610	\$105,467,391	\$123,091,625	\$44,876,807	\$590,404,988
2005	\$258,583,635	\$80,446,325	\$122,103,230	\$127,041,805	\$47,167,061	\$635,342,056
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,605,615	\$134,499,398	\$218,579,014	\$193,441,076	\$79,211,532	\$1,093,336,634
2011	\$474,029,362	\$137,615,640	\$239,096,903	\$200,873,664	\$81,920,057	\$1,133,535,625
Jan 2012	\$36,396,375	\$10,832,691	\$18,981,166	\$15,691,654	\$5,944,755	\$87,846,641

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2004 - 2011 and monthly year-to-date for 2012.

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,647,105	\$49,401,586	\$89,785,106	\$55,130,708	\$21,025,350	\$344,989,856
2011	\$126,603,920	\$48,666,216	\$92,041,298	\$54,174,996	\$20,548,036	\$342,034,467
Jan 2012	\$10,571,308	\$4,103,056	\$7,607,965	\$4,542,382	\$1,880,914	\$28,705,625

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2004-2011 and monthly year-to-date for 2012.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Commonwealth				Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
	Enhanced	Essential	Premier	Select						
2005	224,106,646	5,699,906	398,937,012	870	0	0	0	0	3,206,256	631,950,690
2006	288,475,412	5,444,088	450,349,287	2,662	12,098	2,313	2,001	80,928	3,974,007	748,342,797
2007	338,717,549	5,049,175	499,351,543	7,241,677	8,146	2,173	10,878	65,746	3,721,482	854,168,370
2008	378,025,074	5,426,578	549,135,738	12,042,184	192,471	30,902	155,016	1,237,182	3,581,995	949,827,140
2009	30,875	0	107,859	9,005	115,052,390	14,550,862	44,250,277	839,555,872	4,290,752	1,017,847,892
2010	N/A	N/A	N/A	N/A	120,880,139	56,088,535	894,221,984	15,282,580	6,863,396	1,093,336,634
2011	N/A	N/A	N/A	N/A	145,180,083	71,401,384	870,409,214	39,249,424	7,295,519	1,133,535,625
Jan 2012	N/A	N/A	N/A	N/A	12,609,998	3,640,183	67,555,245	3,591,771	449,443	87,846,641

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2004-2011 and monthly year-to-date for 2012.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Commonwealth					Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
	Enhanced	Essential	Premier	Select							
2005	\$54,479,575	\$1,131,785	\$97,251,249	\$22	\$0	\$0	\$0	\$0	\$0	\$549,273	\$182,825,330
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$70	\$460	\$3,784	\$977,662	\$237,128,711	
2007	\$98,794,003	\$968,767	\$162,084,866	\$1,413,084	\$252	\$1,366	\$0	\$9,536	\$484,891	\$263,756,765	
2008	\$114,041,269	\$986,314	\$180,478,736	\$1,932,466	\$12,238	\$2,409	\$3,948	\$89,254	\$602,777	\$298,149,411	
2009	\$15,498	\$11	\$39,805	\$2,289	\$35,845,894	\$3,632,729	\$7,804,096	\$267,798,635	\$627,662	\$315,766,619	
2010	\$0	\$0	\$0	\$0	\$37,406,932	\$10,540,744	\$292,441,359	\$3,837,304	\$763,517	\$344,989,856	
2011	\$0	\$0	\$0	\$0	\$44,288,898	\$13,658,371	\$275,504,193	\$8,048,166	\$534,839	\$342,034,467	
Jan 2012	\$0	\$0	\$0	\$0	\$3,815,414	\$187,935	\$23,729,643	\$797,676	\$174,957	\$28,705,625	

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004-2011 and monthly year-to-date for 2012.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,635,311	\$207,551,381	\$168,906,481	\$548,459,841	\$6,783,620	\$1,093,336,634
2011	\$159,392,523	\$229,904,016	\$183,207,661	\$553,789,444	\$7,241,980	\$1,133,535,625
Jan 2012	\$12,288,607	\$16,983,023	\$13,716,227	\$44,412,044	\$446,740	\$87,846,641

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004-2011 and monthly year-to-date for 2012.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,196,800	\$64,933,607	\$41,139,743	\$181,003,414	\$716,292	\$344,989,856
2011	\$55,934,901	\$66,668,554	\$43,239,740	\$175,738,437	\$452,835	\$342,034,467
Jan 2012	\$4,536,469	\$5,236,197	\$3,725,424	\$15,161,531	\$46,005	\$28,705,625

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for Jan 2012.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	56.84	73.56	-22.72%	4.45	4.88	-8.87%	253.02	289.30	-12.54%
Maximum Choice	47.97	61.87	-22.46%	4.45	4.71	-5.47%	213.54	235.24	-9.22%
Optimum PPO	77.32	69.94	10.55%	3.97	4.89	-18.80%	306.77	283.88	8.06%
Standard PPO	53.42	66.12	-19.21%	4.04	4.88	-17.10%	215.90	255.56	-15.52%
Average	68.95	69.40	-0.65%	4.07	4.87	-16.40%	280.89	277.48	1.23%

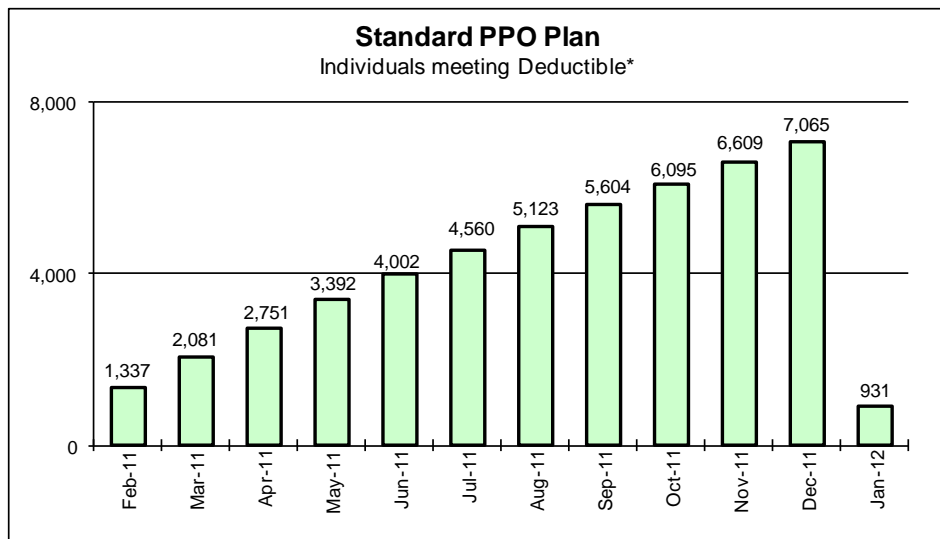
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	7,601.13	8,074.43	-5.86%	204.11	229.45	-11.05%
Maximum Choice	6,180.43	6,886.71	-10.26%	187.22	226.30	-17.27%
Optimum PPO	9,334.16	8,026.68	16.29%	252.69	226.05	11.78%
Standard PPO	4,776.41	7,212.30	-33.77%	209.22	227.44	-8.01%
Average	8,355.26	7,851.50	6.42%	234.32	226.76	3.34%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Capitol Choice	8,800.92	7,826.76	12.45%	2,653.92	2,335.44	13.64%
Maximum Choice	6,975.16	6,210.99	12.30%	1,761.41	1,701.84	3.50%
Optimum PPO	11,488.91	7,591.63	51.34%	3,275.72	2,305.25	42.10%
Standard PPO	6,036.17	6,732.95	-10.35%	1,685.99	1,888.70	-10.73%
Average	10,138.14	7,419.20	36.65%	2,888.31	2,214.50	30.43%

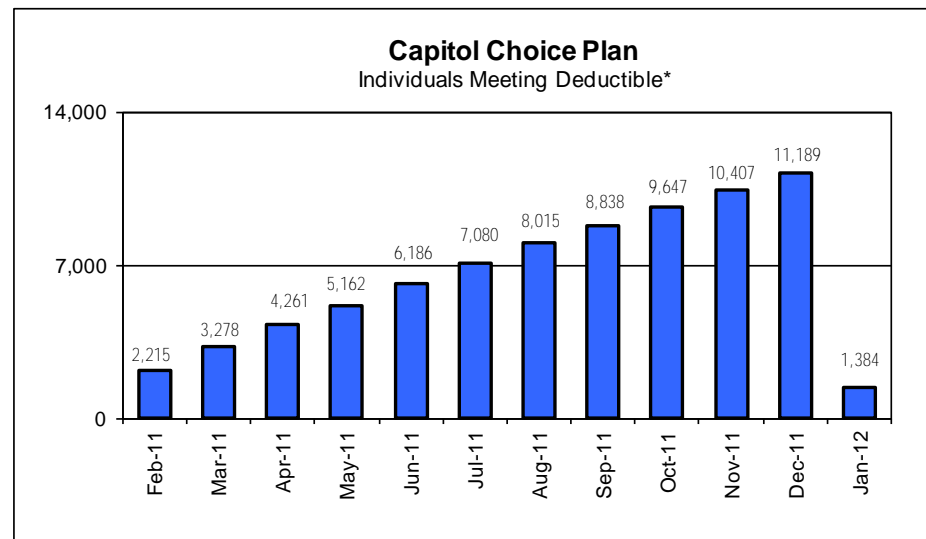
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

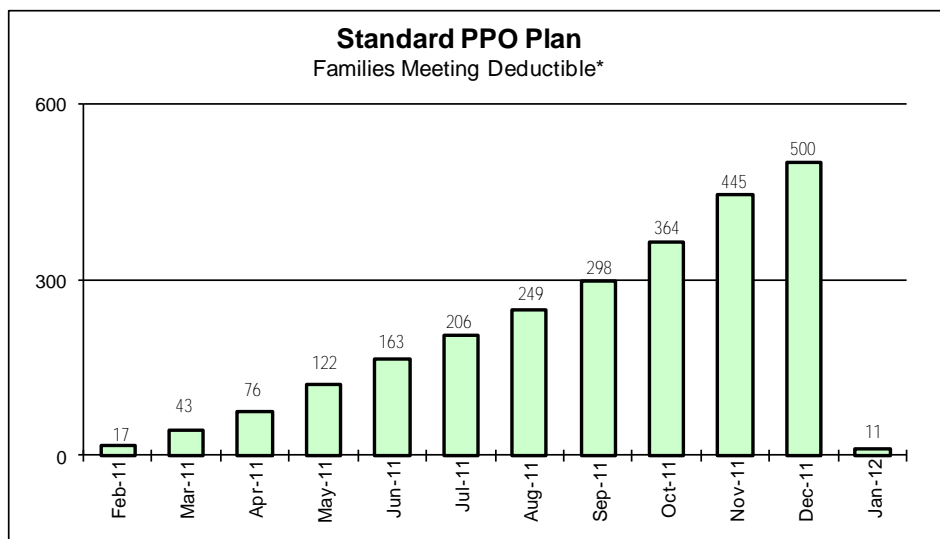
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



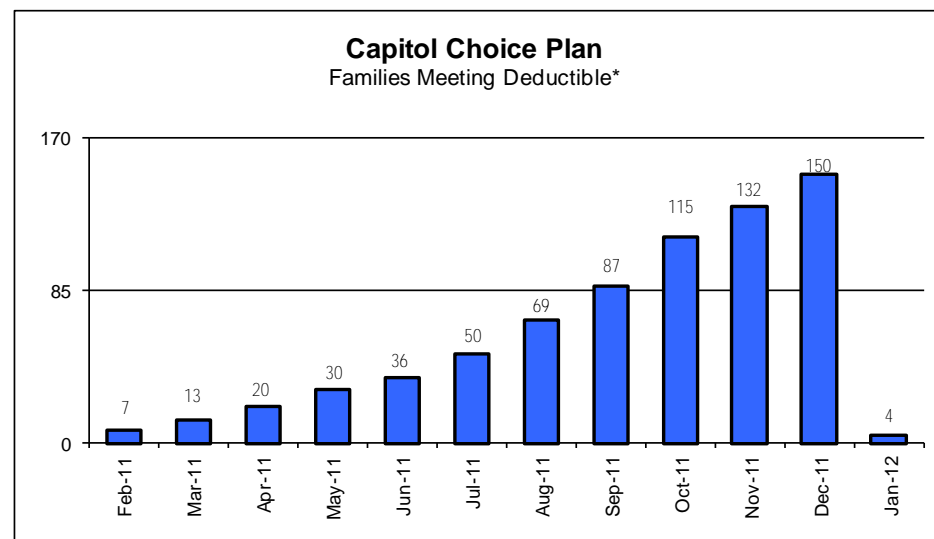
* 2011 and 2012 Individual Deductible is \$500



* 2011 Individual Deductible was \$575; in 2012, Individual Deductible is \$600.



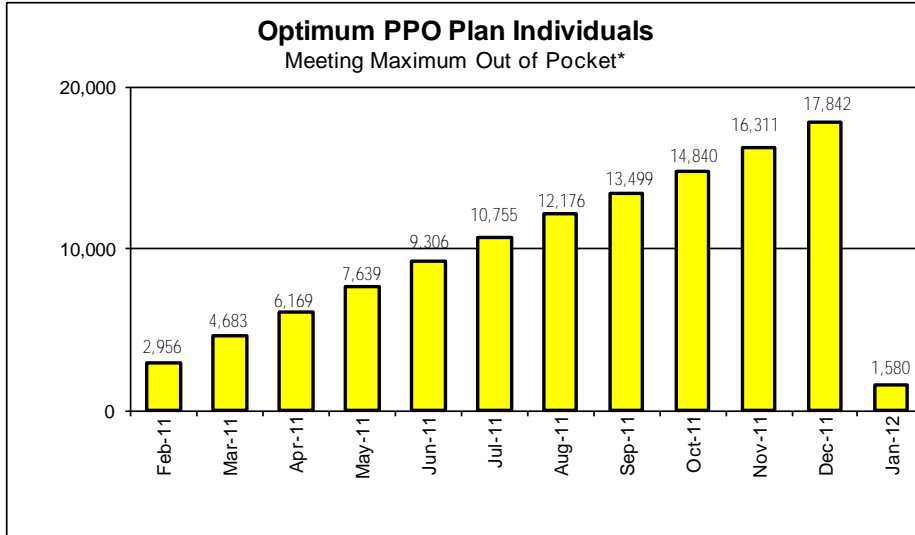
* 2011 and 2012 Family Deductible is \$1,500



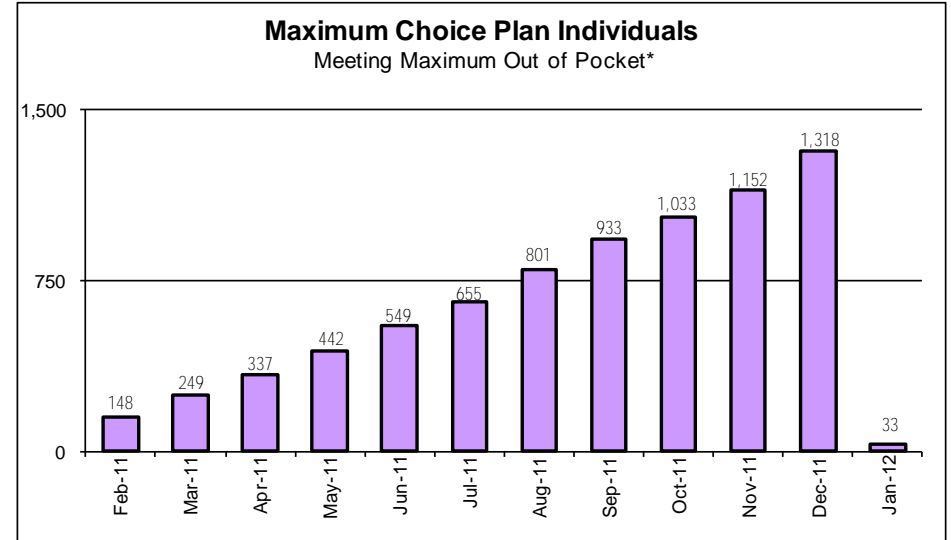
* 2011 Family Deductible was \$1,725; in 2012, Family Deductible is \$1,800.

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

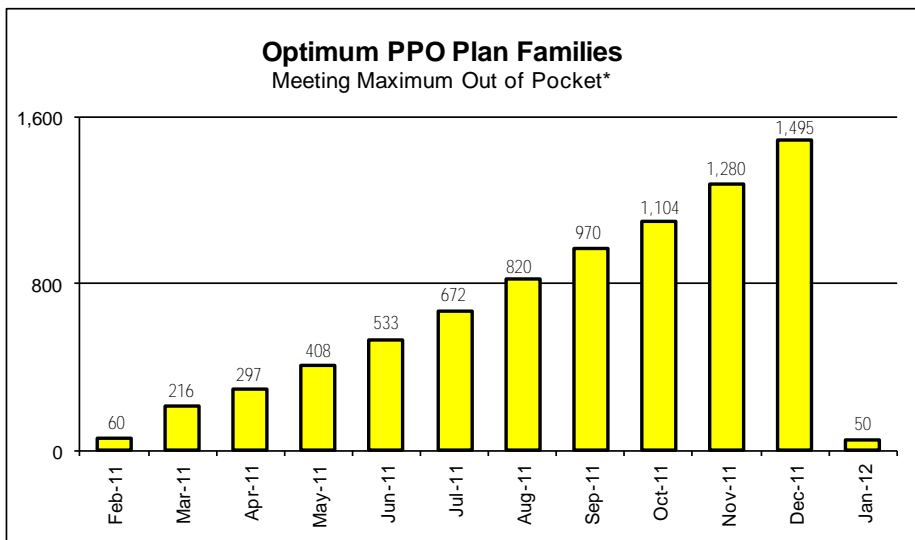
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



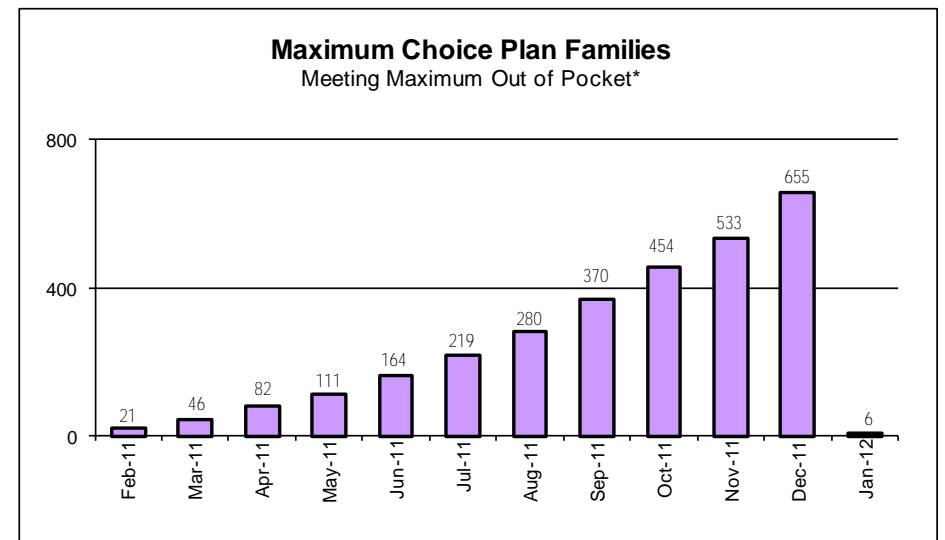
* 2011 Individual Deductible was \$345; in 2012, Individual Deductible is \$355.



* 2011 Individual Deductible was \$2,300; in 2012, Individual Deductible is \$2,325.



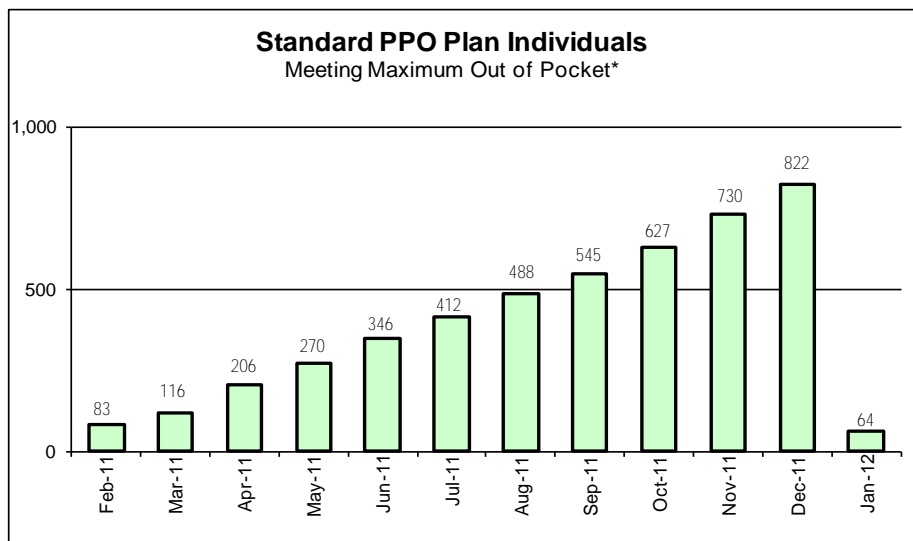
* 2011 Family Deductible was \$690; in 2011, Family Deductible is \$720.



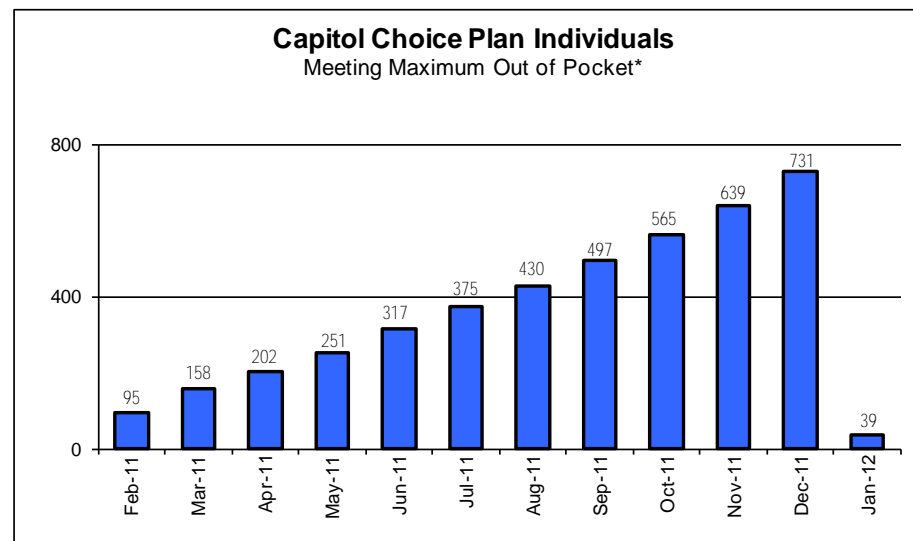
* 2011 Family Deductible was \$3,455; in 2012, Family Deductible is \$3,530.

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

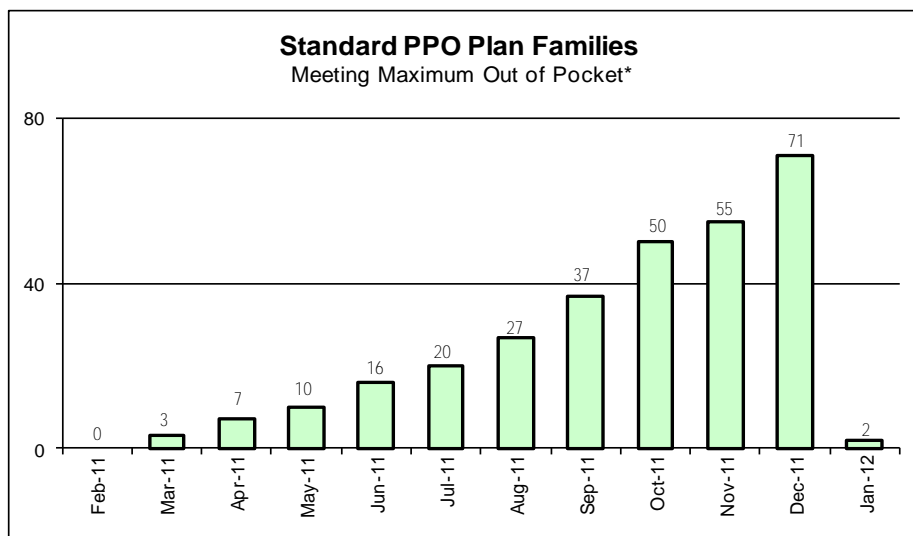
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



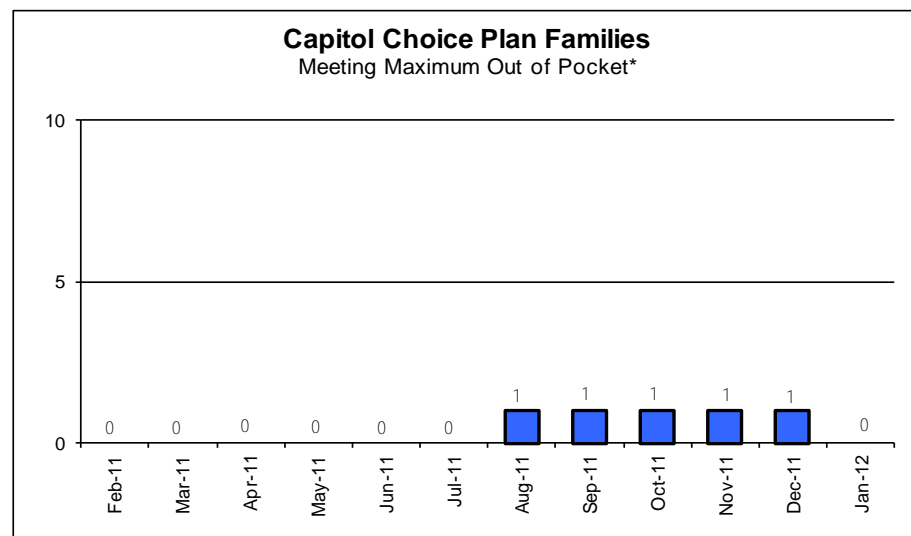
* 2011 and 2012 Individual Maximum Out of Pocket is \$3,500



* 2011 Individual Max Out of Pocket was \$2,300; in 2012, Individual Max Out of Pocket is \$2,400.



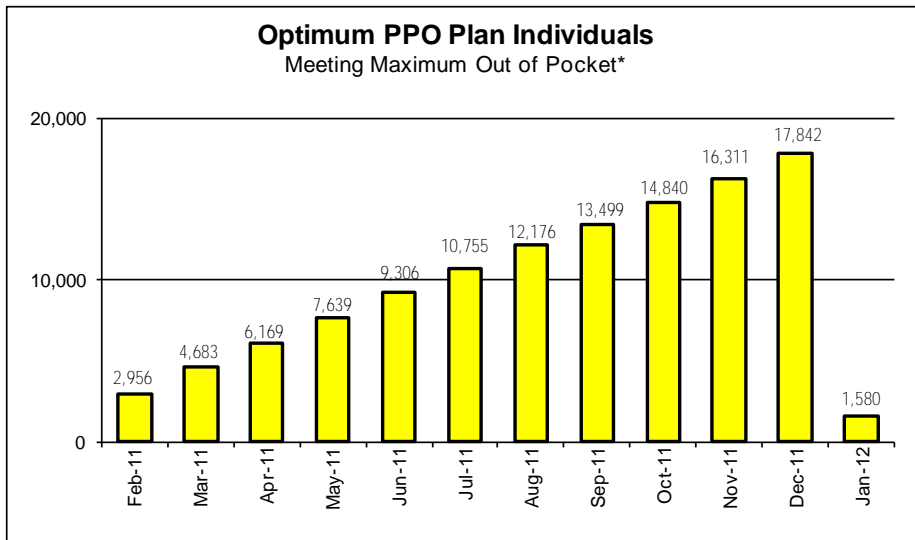
* 2011 and 2012 Family Maximum Out of Pocket is \$7,000



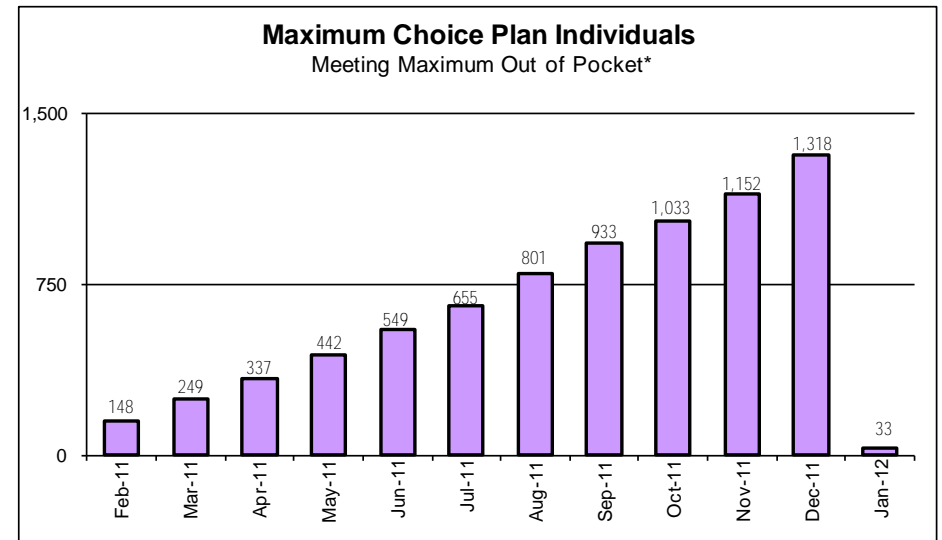
* 2011 Family Max Out of Pocket was \$6,900; in 2011, Family Max Out of Pocket is \$7,000.

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

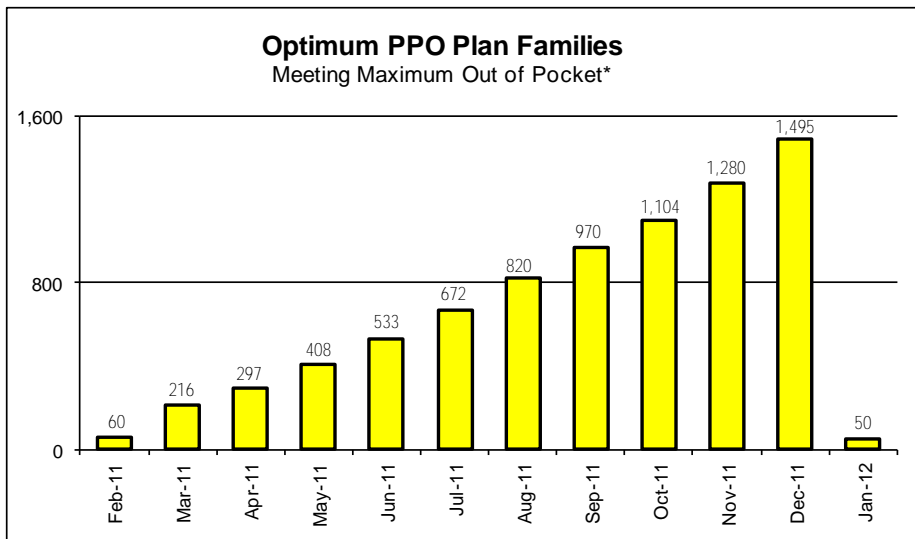
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



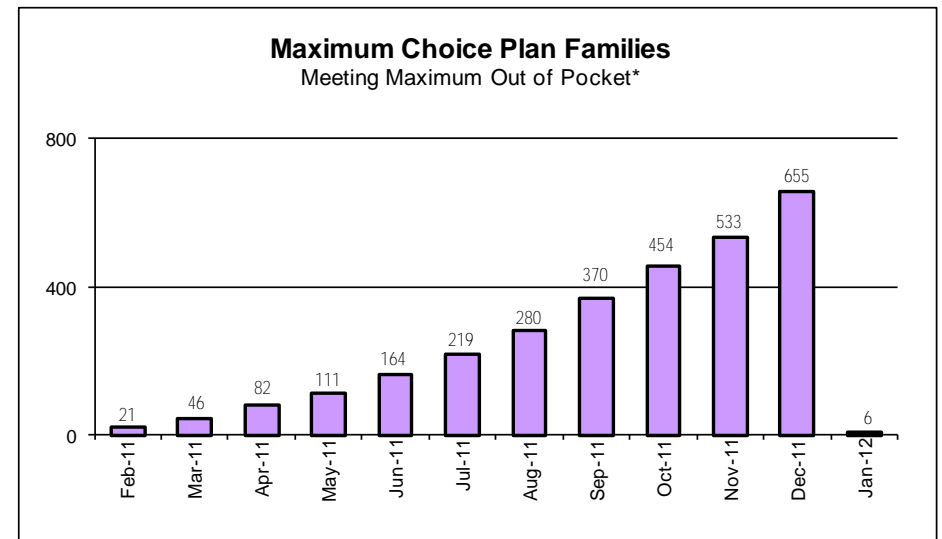
* 2011 Individual Max Out of Pocket was \$1,295; in 2012, Individual Max Out of Pocket is \$1,350.



* 2011 Individual Max Out of Pocket was \$3,455; in 2011, Individual Max Out of Pocket is \$3,550.



* 2011 Family Max Out of Pocket was \$2,590; in 2011, Family Max Out of Pocket is \$2,700.



* 2010 Family Max Out of Pocket was \$5,185; in 2012, Family Max Out of Pocket is \$5,280.

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2005-2012. This report is based on incurred claims.

Individuals and Families in Essential (2005-08) and Standard PPO (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2005	Essential	\$750	18.58%	\$3,500	1.14%	\$1,500	11.69%	\$7,000	0.22%
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%
2009	Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	Standard PPO	\$500	39.06%	\$3,500	4.54%	\$1,500	3.87%	\$7,000	0.55%
2012	Standard PPO	\$500	4.32%	\$3,500	0.30%	\$1,500	0.09%	\$7,000	0.02%

Individuals and Families in Enhanced (2005-08) and Capitol Choice (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2005	Enhanced	\$250	19.30%	\$1,250	3.33%	\$500	6.72%	\$2,500	0.31%
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.88%	\$2,300	1.63%	\$1,725	0.43%	\$6,900	0.00%
2012	Capitol Choice	\$600	3.05%	\$2,400	0.09%	\$1,800	0.01%	\$7,000	0.00%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2005-2012. This report is based on incurred claims.

Individuals and Families in Premier (2005-08) and Optimum PPO (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2005	Premier	\$250	27.80%	\$1,000	3.38%	\$500	6.72%	\$2,000	0.54%
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.13%	\$1,295	10.01%	\$690	7.26%	\$2,590	1.36%
2012	Optimum PPO	\$355	3.55%	\$1,350	0.89%	\$720	.30%	\$2,700	0.05%

Individuals and Families in Select (2007-08) and Maximum Choice (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting Max Out of Pocket
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.13%
2011	Maximum Choice	\$2,300	14.52%	\$3,455	4.53%	\$3,455	18.10%	\$5,185	4.40%
2012	Maximum Choice	\$2,325	1.49%	\$3,550	0.12%	\$3,530	.37%	\$5,280	0.05%

Premium (or Premium Equivalent)

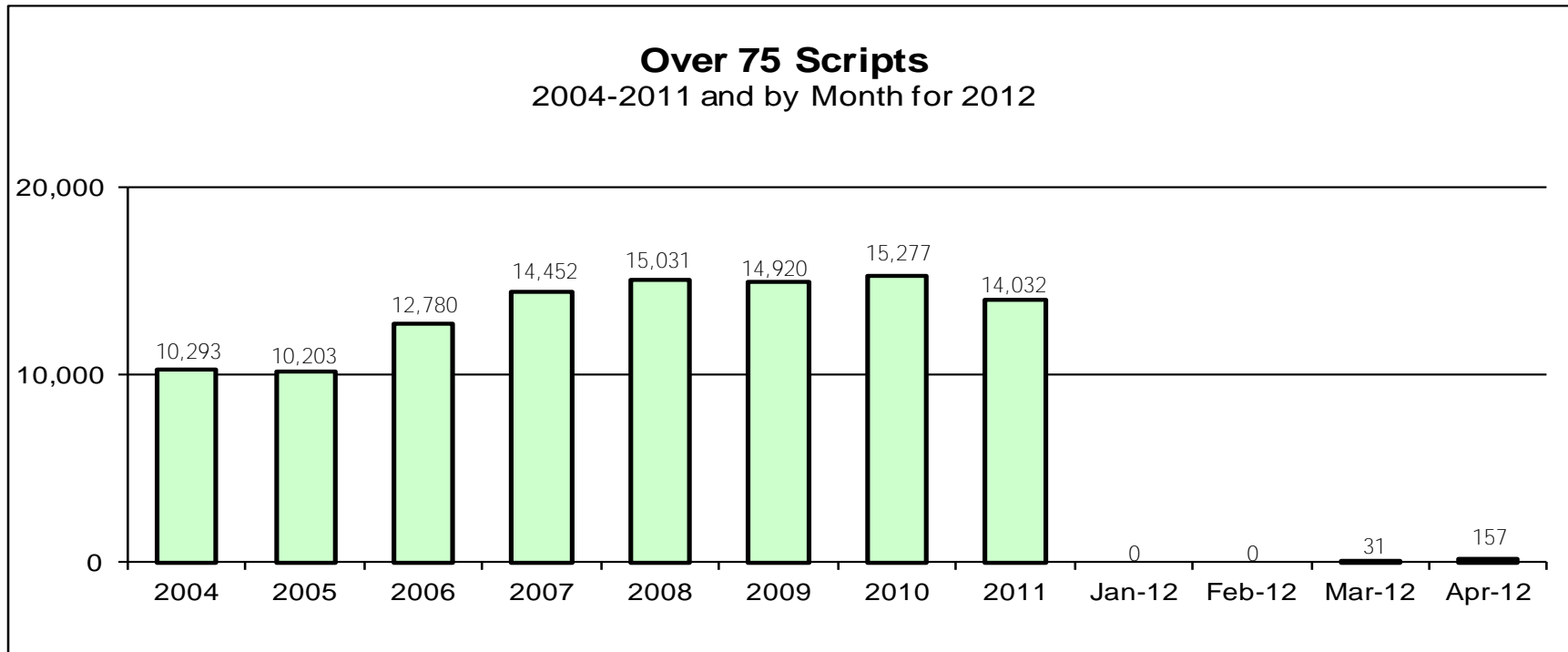
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2004-2011 and monthly through 2012.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$143,746,542	\$808,691,861	\$952,438,403
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
Jan 2012	\$22,941,760	\$112,338,099	\$135,279,859
Feb 2012	\$22,908,184	\$112,091,093	\$134,999,277
Mar 2012	\$22,877,102	\$112,159,025	\$135,036,127
Apr 2012	\$22,849,862	\$112,011,555	\$134,861,416

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004-2011 and by month for 2012. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$35 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2012:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	117,784	1,390,009	8.21	\$67.29	\$93,526,846.84
Over 75	157	13,693	35.38	\$84.17	\$1,152,602.27
Total	117,941	1,403,702	8.27	\$67.45	\$94,679,449.11

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
May 2011	348,892	19,156	102,641	19,063	489,752	71.24%	94.80%
Jun 2011	282,704	15,883	85,213	16,241	400,041	70.67%	94.68%
Jul 2011	272,850	15,775	80,749	9,706	379,080	71.98%	94.53%
Aug 2011	336,425	19,172	98,926	11,598	466,121	72.18%	94.61%
Sep 2011	285,163	15,691	84,474	9,967	395,295	72.14%	94.78%
Oct 2011	295,420	16,415	92,206	10,223	414,264	71.31%	94.74%
Nov 2011	359,420	23,544	103,336	13,524	499,824	71.91%	93.85%
Dec 2011	293,367	19,793	79,292	12,278	404,730	72.48%	93.68%
Jan 2012	368,448	23,804	95,675	13,069	500,996	73.54%	93.93%
Feb 2012	301,119	19,605	74,924	9,980	405,628	74.24%	93.89%
Mar 2012	292,125	19,105	74,719	9,435	395,384	73.88%	93.86%
Apr 2012	283,881	18,041	70,359	10,073	382,354	74.25%	94.02%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Feb 2011	268,965	171,263	429,525	1.59	2.93	\$74.79	\$58.81	\$25.52	\$40.07
Mar 2011	269,519	176,306	476,524	1.76	3.14	\$76.42	\$60.94	\$27.38	\$41.86
Apr 2011	269,935	167,014	423,970	1.57	2.99	\$78.08	\$62.96	\$23.75	\$38.39
May 2011	269,723	168,136	435,482	1.61	3.03	\$78.13	\$63.35	\$23.85	\$38.27
Jun 2011	269,728	167,448	426,988	1.58	3.04	\$80.80	\$66.16	\$23.18	\$37.34
Jul 2011	269,026	165,214	405,772	1.50	2.98	\$83.15	\$68.62	\$21.93	\$35.70
Aug 2011	268,370	170,033	435,368	1.62	3.07	\$83.39	\$69.07	\$23.23	\$36.67
Sep 2011	267,090	168,061	424,971	1.59	3.02	\$82.77	\$68.76	\$22.29	\$35.43
Oct 2011	270,710	176,508	438,282	1.61	3.02	\$82.53	\$68.82	\$22.19	\$34.03
Nov 2011	270,321	171,179	432,461	1.59	3.00	\$82.31	\$68.67	\$21.83	\$34.47
Dec 2011	270,668	170,502	453,378	1.67	3.10	\$83.83	\$70.28	\$22.71	\$36.05
Jan 2012	270,955	169,191	432,710	1.59	3.03	\$82.74	\$66.34	\$26.19	\$41.95

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January 2012

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
2	1	CRESTOR	Single source brand	Cardiovascular Agents	\$918,503.56	3.20%	6,128	\$3.63	6,054
1	2	NEXIUM	Single source brand	Gastrointestinal Drugs	\$854,996.20	2.98%	3,690	\$5.79	3,612
3	3	SINGULAIR	Single source brand	Respiratory Tract Agents	\$751,086.80	2.62%	4,801	\$4.05	4,819
4	4	HUMIRA	Single source brand	Immunosuppressants	\$687,681.14	2.40%	242	\$72.34	234
6	5	CYMBALTA	Single source brand	Central Nervous System	\$637,100.10	2.22%	2,986	\$5.89	2,860
5	6	ENBREL	Single source brand	Immunosuppressants	\$612,150.98	2.13%	223	\$75.99	213
7	7	PLAVIX	Single source brand	Blood Form/Coagul Agents	\$497,080.53	1.73%	2,395	\$5.30	2,346
8	8	COPAXONE	Single source brand	Misc Therapeutic Agents	\$464,354.11	1.62%	83	\$130.29	80
9	9	ABILIFY	Single source brand	Central Nervous System	\$429,978.48	1.50%	736	\$16.83	700
-	10	ATORVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$303,334.42	1.06%	2,438	\$3.24	2,415
13	11	LEXAPRO	Single source brand	Central Nervous System	\$301,340.36	1.05%	2,605	\$3.08	2,559
10	12	ACTOS	Single source brand	Hormones & Synthetic Subst	\$296,446.79	1.03%	1,007	\$7.36	1,001
14	13	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$295,880.25	1.03%	1,238	\$6.01	1,197
23	14	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$227,979.29	0.79%	804	\$6.89	779
17	15	LOVAZA	Single source brand	Cardiovascular Agents	\$217,421.78	0.76%	1,319	\$4.10	1,298
-	16	ANDROGEL	Multisource brand, no generic	Hormones & Synthetic Subst	\$206,111.65	0.72%	542	\$11.40	535
-	17	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$204,213.18	0.71%	493	\$10.89	480
18	18	BETASERON	Multisource brand, no generic	Misc Therapeutic Agents	\$195,132.46	0.68%	40	\$120.16	39
24	19	DIOVAN HCT	Single source brand	Cardiovascular Agents	\$194,381.25	0.68%	1,439	\$3.34	1,403
20	20	CELEBREX	Single source brand	Central Nervous System	\$194,308.19	0.68%	1,109	\$4.48	1,101
25	21	SEROQUEL	Single source brand	Central Nervous System	\$189,537.58	0.66%	512	\$10.71	478
-	22	GABAPENTIN	Multisource generic	Central Nervous System	\$188,583.48	0.66%	3,557	\$1.47	3,414
-	23	GILENYA	Single source brand	Misc Therapeutic Agents	\$185,173.81	0.65%	32	\$140.71	31
11	24	OMEPRAZOLE	Multisource generic	Gastrointestinal Drugs	\$182,584.27	0.64%	9,063	\$0.52	8,976
22	25	PROVIGIL	Single source brand	Central Nervous System	\$179,395.78	0.62%	157	\$33.69	157

***"Product Name" includes all strengths/formulations of a drug*

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 11.01% of total scripts and 32.82% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$9,420,632	47,655	1,848,827
All Product Names	\$28,705,625	432,710	13,608,210
Top Drugs as Pct of All Drugs	32.82%	11.01%	13.59%

Utilization

The top 25 clinical conditions based on incurred claims for January 2012.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$5,101,086	\$966,861	\$4,015,516	2.21	9.50	371.65	15.85	14,170	\$359.99
2	2	Prevent/Admin Hlth Encounters	\$4,519,171	\$26,266	\$4,492,076	0.00	0.00	626.15	0.57	18,170	\$248.72
4	3	Gastroint Disord, NEC	\$3,685,888	\$707,916	\$2,977,730	1.55	5.29	165.10	25.43	5,067	\$727.43
3	4	Osteoarthritis	\$3,312,522	\$2,146,839	\$1,164,581	3.75	2.74	216.84	0.71	4,173	\$793.80
5	5	Coronary Artery Disease	\$3,121,914	\$1,703,648	\$1,412,614	2.69	3.30	48.43	2.74	1,281	\$2,437.09
6	6	Respiratory Disord, NEC	\$2,735,734	\$664,281	\$2,071,030	0.62	4.43	95.62	15.63	3,784	\$722.97
9	7	Chemotherapy Encounters	\$2,489,787	\$282,042	\$2,207,745	0.53	5.00	1.32	0.00	202	\$12,325.68
7	8	Arthropathies/Joint Disord NEC	\$2,476,636	\$368,974	\$2,102,113	0.44	4.60	431.25	5.87	7,937	\$312.04
10	9	Renal Function Failure	\$2,111,145	\$230,630	\$1,880,001	0.35	9.00	17.04	0.40	632	\$3,340.42
12	10	Condition Rel to Tx - Med/Surg	\$2,044,458	\$1,522,367	\$516,210	2.43	6.00	7.42	2.25	447	\$4,573.73
8	11	Spinal/Back Disord, Low Back	\$1,901,514	\$376,772	\$1,523,997	0.44	3.40	570.44	5.43	7,238	\$262.71
-	12	Cerebrovascular Disease	\$1,635,117	\$1,329,518	\$274,118	1.46	5.88	12.93	1.63	454	\$3,601.58
11	13	Pregnancy w Vaginal Delivery	\$1,588,971	\$1,579,801	\$9,170	5.56	2.37	0.18	0.22	225	\$7,062.09
17	14	Infections - ENT Ex Otitis Med	\$1,523,720	\$46,758	\$1,476,796	0.40	1.89	726.44	8.70	16,911	\$90.10
13	15	Cardiovasc Disord, NEC	\$1,445,140	\$309,489	\$1,135,651	1.19	4.67	55.71	10.11	1,845	\$783.27
14	16	Spinal/Back Disord, Ex Low	\$1,435,407	\$165,431	\$1,269,892	0.31	2.00	595.16	3.27	6,850	\$209.55
18	17	Cholecystitis/Cholelithiasis	\$1,371,424	\$330,977	\$1,040,447	0.93	3.76	6.09	1.32	311	\$4,409.72
16	18	Cancer - Breast	\$1,308,810	\$93,334	\$1,205,940	0.13	3.67	36.24	0.00	703	\$1,861.75
-	19	Infections, NEC	\$1,284,541	\$1,055,242	\$229,276	0.22	3.60	83.92	2.30	2,278	\$563.89
23	20	Gynecological Disord, NEC	\$1,139,918	\$49,962	\$1,089,956	0.26	1.50	84.40	2.21	2,551	\$446.85
-	21	Infec/Inflam - Skin/Subcu Tiss	\$1,105,988	\$269,041	\$820,607	1.41	3.66	246.64	4.86	5,504	\$200.94
24	22	ENT Disorders, NEC	\$1,077,136	\$36,369	\$1,040,767	0.22	3.20	610.52	2.16	7,689	\$140.09
-	23	Cancer - Nonspecified	\$1,047,062	\$538,760	\$506,118	0.13	2.33	14.30	0.31	430	\$2,435.03
15	24	Newborns, w/wo Complication	\$1,011,767	\$955,172	\$56,595	8.39	2.63	4.46	0.40	320	\$3,161.77
19	25	Urinary Tract Calculus	\$995,159	\$141,997	\$853,161	0.88	2.25	18.58	5.08	549	\$1,812.68

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.59% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$51,470,017	\$15,898,448	\$35,372,107	36.51	3.81	5,046.83	117.42
All Clinical Conditions	\$87,846,641	\$25,455,092	\$61,997,583	72.13	4	8,383.54	234.85
Top Clinical Conditions as Pct of All Clinical Conditions	58.59%	62.46%	57.05%	50.61%	95.28%	60.20%	50.00%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred Jan-Dec 2011.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Capitol Choice	107,515	16.2	86.90%	95.87%	99.12%
Maximum Choice	52,470	16.1	86.75%	96.10%	99.13%
Optimum PPO	536,923	16.7	85.85%	95.79%	99.08%
Standard PPO	34,452	18.5	82.85%	94.42%	98.78%
~Missing	3,169	24.4	74.06%	91.26%	98.93%
All Plans	734,529	16.7	85.88%	95.74%	99.07%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011
Feb 2011	\$2,841,149.97	\$789,371.01	\$288,383.31	\$239,582.14	\$123,706.67	\$129,917.67
Mar 2011	\$9,477,233.57	\$3,562,819.24	\$901,353.93	\$1,011,924.48	\$278,028.87	\$97,456.78
Apr 2011	\$47,468,389.62	\$7,057,525.34	\$2,219,727.50	\$1,660,336.41	\$388,660.06	\$584,436.80
May 2011	\$65,167,910.25	\$42,981,486.12	\$6,090,742.92	\$2,751,163.46	\$715,938.10	\$454,864.23
Jun 2011	\$0.00	\$67,833,745.93	\$47,764,608.63	\$10,732,165.50	\$2,640,107.65	\$1,041,568.46
Jul 2011	\$0.00	\$0.00	\$56,391,107.96	\$51,227,505.69	\$8,494,700.56	\$2,620,673.52
Aug 2011	\$0.00	\$0.00	\$0.00	\$66,189,023.16	\$46,372,173.12	\$7,995,055.35
Sep 2011	\$0.00	\$0.00	\$0.00	\$0.00	\$63,974,806.90	\$45,409,460.54
Oct 2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$62,636,767.39
Nov 2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dec 2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012
Feb 2011	\$56,649.14	\$42,176.49	(\$31,719.55)	(\$36,471.82)	(\$9,183.54)	(\$38,352.18)
Mar 2011	\$63,535.10	\$65,080.80	(\$28,637.46)	\$38,985.21	\$10,859.15	\$7,537.37
Apr 2011	\$163,316.12	\$26,289.27	\$48,200.51	\$34,049.11	(\$42,830.07)	(\$156,025.25)
May 2011	\$189,819.52	\$130,102.68	\$123,071.93	\$50,910.97	\$3,518.99	\$145,236.50
Jun 2011	\$440,288.87	\$535,658.32	\$153,238.99	\$293,578.80	(\$5,257.68)	\$8,098.53
Jul 2011	\$1,381,201.95	\$519,191.48	\$380,592.09	\$283,049.87	\$47,125.28	\$133,562.47
Aug 2011	\$2,317,854.54	\$1,338,143.44	\$659,722.29	\$355,135.58	\$453,603.59	\$201,072.09
Sep 2011	\$7,083,679.84	\$2,347,552.12	\$1,794,335.01	\$932,066.71	\$331,100.66	\$367,985.33
Oct 2011	\$50,823,546.15	\$8,098,061.33	\$3,021,108.84	\$1,860,456.08	\$796,928.32	\$175,532.81
Nov 2011	\$67,886,200.80	\$46,741,596.24	\$7,734,373.38	\$3,489,254.18	\$1,387,983.52	\$1,972,761.17
Dec 2011	\$0.00	\$66,601,419.19	\$55,189,505.65	\$11,208,977.28	\$3,544,471.83	\$2,140,220.45
Jan 2012	\$0.00	\$0.00	\$60,063,179.42	\$45,379,276.92	\$7,727,373.52	\$3,382,435.79

Claims Distribution Based on Age/Gender

The following is based on claims incurred January 2012.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,318	\$874,903.71	\$663.81	1,405	\$1,063,863.49	\$757.20
Ages 1-4	5,582	\$852,283.67	\$152.68	5,930	\$1,230,246.46	\$207.46
Ages 5-9	7,761	\$885,285.53	\$114.07	8,082	\$1,329,946.34	\$164.56
Ages 10-14	8,574	\$1,017,535.54	\$118.68	8,989	\$1,468,667.99	\$163.39
Ages 15-17	5,388	\$1,184,046.99	\$219.76	5,783	\$1,152,803.28	\$199.34
Ages 18-19	3,662	\$829,957.40	\$226.64	3,864	\$516,686.82	\$133.72
Ages 20-24	9,136	\$2,017,719.32	\$220.85	8,201	\$1,404,120.13	\$171.21
Ages 25-29	8,815	\$2,618,133.54	\$297.01	4,770	\$852,061.87	\$178.63
Ages 30-34	10,115	\$3,516,044.36	\$347.61	5,494	\$1,170,962.07	\$213.13
Ages 35-39	11,055	\$3,830,856.23	\$346.53	5,984	\$1,422,103.76	\$237.65
Ages 40-44	13,296	\$5,163,413.62	\$388.34	7,217	\$2,385,333.83	\$330.52
Ages 45-49	14,437	\$6,830,883.13	\$473.15	8,281	\$3,213,153.32	\$388.02
Ages 50-54	17,249	\$9,961,647.32	\$577.52	9,767	\$5,929,752.03	\$607.12
Ages 55-59	20,325	\$13,032,832.26	\$641.22	12,347	\$8,431,095.98	\$682.85
Ages 60-64	21,054	\$16,400,942.20	\$778.99	13,828	\$12,116,240.15	\$876.21
Ages 65-74	2,250	\$1,676,558.51	\$745.14	1,557	\$1,662,915.20	\$1,068.03
Ages 75-84	141	\$144,201.55	\$1,022.71	156	\$118,007.09	\$756.46
Ages 85+	11	\$3,780.39	\$343.67	2	\$275.44	\$137.72

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005—2011 and year to date for 2012.

Allowed Amount	2005	2006	2007	2008	2009	2010	2011	2012
less than 0.00	90	9	16	27	22	40	37	0
\$0.00 - \$499.99	50,002	54,058	53,891	53,571	53,160	57,383	57,998	124,216
\$500.00 - \$999.99	29,232	32,931	33,830	34,248	34,982	34,365	35,887	21,926
\$1,000.00 - \$1,999.99	35,407	40,360	42,464	42,360	43,452	42,973	44,082	11,471
\$2,000.00 - \$4,999.99	47,471	54,430	56,819	58,612	59,566	60,332	60,218	7,031
\$5,000.00 - \$9,999.99	26,210	30,373	32,271	34,487	35,696	36,036	36,295	2,471
\$10,000.00 - \$14,999.99	9,138	10,608	11,983	13,272	14,198	14,875	15,006	915
\$15,000.00 - \$19,999.99	4,055	4,726	5,470	6,332	6,849	7,180	7,362	384
\$20,000.00 - \$29,999.99	3,539	4,284	5,050	5,930	6,475	6,963	7,123	377
\$30,000.00 - \$49,999.99	2,312	2,844	3,268	3,820	4,451	4,944	5,124	236
\$50,000.00 - \$74,999.99	932	1,090	1,306	1,492	1,773	2,025	2,249	98
\$75,000.00 - \$99,999.99	390	465	536	589	688	830	852	28
\$100,000.00 - \$149,999.99	299	354	406	499	545	649	698	20
\$150,000.00 - \$199,999.99	116	117	160	194	203	224	279	10
\$200,000.00 - \$249,999.99	57	60	81	83	116	119	118	5
over \$249,999.99	74	99	127	152	166	197	252	3
Total	209,324	236,808	247,678	255,668	262,342	269,135	273,580	169,191

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Feb 2011	268,965	\$107,598,478.72	\$82,338,952.62	\$25,259,526.10	757,248	315,949	429,525
Mar 2011	269,519	\$127,712,761.35	\$98,675,720.83	\$29,037,040.52	851,793	362,048	476,524
Apr 2011	269,935	\$116,267,944.78	\$89,575,756.21	\$26,692,188.57	748,408	311,867	423,970
May 2011	269,723	\$118,804,765.67	\$91,214,953.41	\$27,589,812.26	761,775	313,046	435,482
Jun 2011	269,728	\$131,437,802.00	\$103,188,209.37	\$28,249,592.63	773,949	333,936	426,988
Jul 2011	269,026	\$121,478,710.87	\$93,635,303.30	\$27,843,407.57	732,312	313,325	405,772
Aug 2011	268,370	\$125,881,783.16	\$95,811,368.51	\$30,070,414.65	790,315	339,996	435,368
Oct 2011	270,710	\$127,412,400.92	\$97,249,495.46	\$30,162,905.46	795,421	342,090	438,282
Sep 2011	267,090	\$122,240,987.11	\$93,020,240.42	\$29,220,746.69	760,255	321,083	424,971
Nov 2011	270,321	\$129,212,169.29	\$99,516,719.89	\$29,695,449.40	775,508	328,685	432,461
Dec 2011	270,668	\$138,684,594.40	\$106,823,215.05	\$31,861,379.35	790,588	322,203	453,378
Jan 2012	270,955	\$116,552,265.65	\$87,846,640.81	\$28,705,624.84	773,295	324,784	432,710

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Feb 2010 - Jan 2011	266,153	1,442,226,661	\$1,097,216,141	\$345,010,521
Feb 2011 - Jan 2012	270,585	1,488,795,978	\$1,144,087,491	\$344,708,487
% Change (Roll Yrs)	1.70%	3.20%	4.30%	-0.10%